



PATENT  
302-390-7-1-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the Matter of the Application of )  
 )  
ISRAEL DVORETZKY at al )  
 ) Examiner R.S. Rollins  
Serial No. 10/612,102 ) Group Art Unit 3739  
 ) Confirmation No. 3443  
Filed: July 1, 2003 )  
 )  
For: Multi-Purpose Drug and Heat Therapy System )

Melvin I. Stoltz  
51 Cherry Street  
Milford, CT 06460  
March 22, 2005

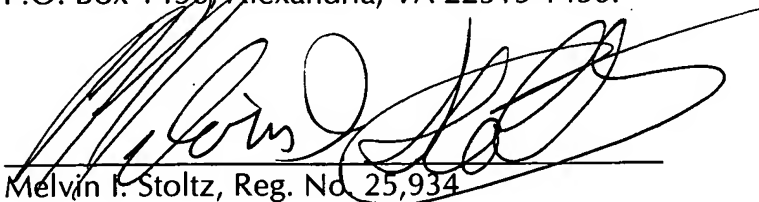
Mail Stop Amendments AF  
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AMENDMENT

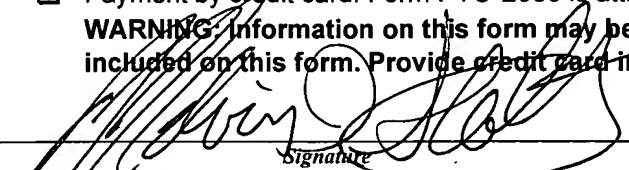
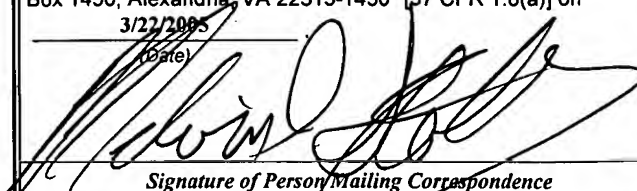
Sir:

In response to the outstanding Office Action mailed January 3, 2005, please  
amend this application as follows:

I hereby certify that this correspondence is being deposited  
today with the United States Postal Service as first class  
mail in an envelope addressed to Commissioner for Patents,  
P.O. Box 1450, Alexandria, VA 22313-1450.

  
Melvin I. Stoltz, Reg. No. 25,934

Date \_\_\_\_\_

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				Docket No. 302-390-7-1-1	
Applicant(s): ISRAEL DVORETZKY et al				MAR 24 2005	
Application No. 10/612,102	Filing Date July 1, 2003	Examiner R.S. Rollins	Customer No. 27106	Group Art Unit 3739	Confirmation No. 3443
Invention: MULTI-PURPOSE DRUG AND HEAT THERAPY SYSTEM					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	32 -	33 =	0	x \$9.00	\$0.00
INDEP. CLAIMS	7 -	7 =	0	x \$42.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-4512 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Melvin I. Stoltz 51 Cherry Street Milford, CT 06460 (203) 874-8183 Attorney for Applicants			Dated: March 22, 2005		
cc:			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on 3/22/2005 (Date)		
			 Signature of Person Mailing Correspondence Melvin I. Stoltz		
			Typed or Printed Name of Person Mailing Correspondence		